

# CHECK CASHING REGISTRATION FORM

## STATE OF UTAH Department of Financial Institutions

324 South State Street, Suite 201, SLC, UT 84111

Mailing Address: P.O. Box 146800, Salt Lake City, UT 84114-6800

www.dfi.utah.gov

Fax: (801) 538-8894

Tel: (801) 538-8830

Name and Mailing Address	Do Not Write In This Space
1)	

If you cash checks for consideration or extend a deferred deposit loan, in Utah, as defined in the Act, you are subject to the Check Cashing Registration Act, codified as Title 7 Chapter 23. You are exempt from this act if you are a depository institution, a depository institution holding company or directly or indirectly owned or controlled by a depository institution or depository institution holding company; or a person that cashes a check in a transaction that is incidental to the retail sale of goods or services and for consideration that does not exceed the greater of 1% of the amount of the check or \$1.

### CHECK CASHING REGISTRATION FEE AND BUREAU OF CRIMINAL IDENTIFICATION (BCI) CERTIFICATE

**This is your initial registration; please include the initial fee of \$300.** Complete all information below and your mailing address above, return the signed form along with any BCI certificates to the Department of Financial Institutions at the above address with the fee in the form of a check or money order made payable to: Department of Financial Institutions. A BCI certificate must be submitted to the Department for officers, directors, managers, operators, or principal of that person (one who has any part in extending a loan). The Bureau of Criminal Identification telephone number is (801) 965-4445.

2) Name under which business is registered with Division of Corporations in Utah \_\_\_\_\_

3) Name of business cashing checks or extending a deferred deposit loan \_\_\_\_\_

4) Disclose all business names referred to as lender on the promissory note \_\_\_\_\_

5) List all states that you are registered or licensed as a check casher or extend deferred deposit loans \_\_\_\_\_

6) Address of principal business office (may be out of state) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

7) Please list addresses and hours of operations for all offices in Utah (no mobile facilities allowed; any office additions or deletions require prompt notification to the Department); attach separate sheet if necessary \_\_\_\_\_

8) Name, address, and phone number of contact person responsible for response to examination findings and resolution of complaints

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

9) Name and address in Utah of registered agent upon whom service of process can be made \_\_\_\_\_

10) If you conduct the business of a check casher in this state but do not maintain an office in this state, please describe the manner in which the business is conducted (attach additional pages if necessary) \_\_\_\_\_

11) Are you currently under investigation for, or charged with, or have you ever pled guilty or no contest to, or been convicted of, a felony or misdemeanor? \_\_\_\_Yes \_\_\_\_No. Please explain if you answered yes.

12) Have you ever had an injunction, judgment, administrative order, or conviction of any crime involving moral turpitude? \_\_\_\_Yes \_\_\_\_No. Please explain if you answered yes.

13) Have you (applies to any officer, director, manager, operator, or principal of the business) ever had any licensing action taken against you that resulted in suspension, probation or revocation? \_\_\_\_Yes \_\_\_\_No. Please explain if you answered yes.

I hereby certify the information provided is true and correct.

Print or type:

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_